

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Corinne A. Falencki

Signature of Treasurer

Electronically Filed by Corinne A. Falencki

Date

04

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		290102.14
(b) Cash on Hand at Beginning of Reporting Period	252196.90	
(c) Total Receipts (from Line 19)	163000.00	200500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415196.90	490602.14
7. Total Disbursements (from Line 31)	170561.18	245966.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244635.72	244635.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3000.00	5000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	3000.00	5000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	153500.00	189000.00
(c) Other Political Committees (such as PACs)	156500.00	194000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	6500.00	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	163000.00	200500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	163000.00	200500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		30561.18	82466.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		30561.18	82466.42
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		138000.00	148000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	5000.00
29. Other Disbursements.....		2000.00	10500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		170561.18	245966.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		170561.18	245966.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	156500.00	194000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	156500.00	189000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30561.18	82466.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30561.18	82466.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Abbott Laboratories PAC

Mailing Address 1399 New York Ave NW Ste 200

City State Zip Code
 Washington DC 20005-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60419.C49

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Aetna PAC

Mailing Address 1331 F St NW Ste 450

City State Zip Code
 Washington DC 20004-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C30

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Alston & Bird PAC

Mailing Address 601 Pennsylvania Ave NW FI 1010101
 N. Building, 10th Floor

City State Zip Code
 Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 60419.C25

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Altria Group PAC Mailing Address 101 Constitution Ave NW Ste 400 City State Zip Code Washington DC 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: 60419.C52 Amount of Each Receipt this Period 5000.00 Receipt
B. Full Name (Last, First, Middle Initial) American Airlines PAC Mailing Address 1101 17th St NW Ste 600 City State Zip Code Washington DC 20036-4718 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: 60419.C10 Amount of Each Receipt this Period 2000.00 Receipt
C. Full Name (Last, First, Middle Initial) American Assoc of Ortho Surgeons PAC Mailing Address 317 Massachusetts Ave NE Ste 100 City State Zip Code Washington DC 20002-5769 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 60419.C23 Amount of Each Receipt this Period 2500.00 Receipt

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. American Assoc. of Nurse Anesthetists

Mailing Address 412 1st St., NE Suite 12

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 60419.C42

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. American Hospital Association PAC

Mailing Address 325 7th St NW

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C37

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

C. American Hospital Association PAC

Mailing Address 325 7th St NW

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 60419.C38

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. American Optometric Association PAC

Mailing Address 1505 Prince St Ste 300

City State Zip Code
 Alexandria VA 22314-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 60419.C27

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AT&T Federal PAC

Mailing Address 1401 I St NW Ste 1100

City State Zip Code
 Washington DC 20005-2296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 60419.C22

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. BASF Corporation Employees PAC

Mailing Address 601 13th St NW Ste 200

City State Zip Code
 Washington DC 20005-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60419.C48

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
BellSouth FedPAC
Mailing Address 1133 21st St NW Ste 900

City State Zip Code
Washington DC 20036-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 60419.C41

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
BondPAC
Mailing Address 1399 New York Ave NW

City State Zip Code
Washington DC 20005-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C33

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Caremark RX PAC
Mailing Address 1300 I St NW Ste 525

City State Zip Code
Washington DC 20005-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 0 6

Transaction ID: 60419.C40

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. CBRL Group, Inc. PAC

Mailing Address PO Box 787

City

Lebanon

State

TN

Zip Code

37088-0787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	6

Transaction ID: 60419.C18

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Ave NW Ste 500

City

Washington

State

DC

Zip Code

20004-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	6

Transaction ID: 60419.C13

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Dairy Farmers of America, Inc. DEPAC

Mailing Address 10220 NW Ambassador Dr

City

Kansas City

State

MO

Zip Code

64153-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	6

Transaction ID: 60419.C7

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Davita Inc. PAC

Mailing Address 601 Hawaii St

City State Zip Code
 El Segundo CA 90245-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 60419.C16

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Deloitte & Touche PAC

Mailing Address PO Box 365

City State Zip Code
 Washington DC 20044-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60419.C51

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Dickstein Shapiro Morin Oshinsky PAC

Mailing Address 2101 L St NW

City State Zip Code
 Washington DC 20037-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 6

Transaction ID: 60419.C43

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Edison International PAC

Mailing Address 555 12th St NW Ste 640

City State Zip Code
 Washington DC 20004-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C31

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Eli Lilly and Co. PAC

Mailing Address 555 12th St NW Ste 650

City State Zip Code
 Washington DC 20004-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C8

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Emerson Electric Co.

Mailing Address 700 13th St NW Ste 700

City State Zip Code
 Washington DC 20005-6619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 6

Transaction ID: 60419.C26

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Entergy Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 101 Constitution Ave NW Ste 200		Transaction ID: 60419.C20
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) ETrade Financial Corp PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 10951 White Rock Rd		Transaction ID: 60419.C9
City State Zip Code Rancho Cordova CA 95670-6029	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Fannie Mae PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 3900 Wisconsin Ave NW		Transaction ID: 60419.C21
City State Zip Code Washington DC 20016-2806	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Fannie Mae PAC
Mailing Address 3900 Wisconsin Ave NW

City State Zip Code
Washington DC 20016-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C28

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
FedPac
Mailing Address 801 Pennsylvania Ave NW

City State Zip Code
Washington DC 20004-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C11

Amount of Each Receipt this Period

2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
GMC Pac
Mailing Address 1660 L St NW Ste 400

City State Zip Code
Washington DC 20036-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 60419.C47

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Jack PAC

Mailing Address PO Box 14

City State Zip Code
 Buffalo NY 14205-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C12

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)

Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Dr Ste 300

City State Zip Code
 Arlington VA 22202-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60419.C50

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

National Assoc of Health Underwriters

Mailing Address 2000 14th St N Ste 450

City State Zip Code
 Arlington VA 22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C39

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
National Assoc. of Wholesaler-Distr. PAC

Mailing Address 1725 K St NW

City State Zip Code
Washington DC 20006-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C36

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)

National Automobile Dealers Association

Mailing Address 412 First St., NE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C14

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

New York Life PAC

Mailing Address 1501 K St NW Ste 575

City State Zip Code
Washington DC 20005-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C15

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp Good Govt Fund

Mailing Address 1500 K St NW Ste 175

City State Zip Code
Washington DC 20005-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 20 2006

Transaction ID: 60419.C34

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Northwest Airlines PAC

Mailing Address 901 9th St NW Ste 310

City State Zip Code
Washington DC 20001-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 20 2006

Transaction ID: 60419.C35

Amount of Each Receipt this Period

2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Physical Therapy PAC

Mailing Address 1111 N Fairfax St

City State Zip Code
Alexandria VA 22314-1484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 13 2006

Transaction ID: 60419.C24

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Renal Leadership Council

Mailing Address 601 Pennsylvania Ave NW FI 10

City

Washington

State

DC

Zip Code

20004-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60419.C29

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

T-Mobile PAC

Mailing Address 401 9th St NW Ste 550
Suite 550

City

Washington

State

DC

Zip Code

20004-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 6

Transaction ID: 60419.C6

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

TargetCitizens Political Forum

Mailing Address 1200 19th St NW FI 7

City

Washington

State

DC

Zip Code

20036-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 60419.C19

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Time Warner PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 800 Connecticut Ave NW Ste 1200		Transaction ID: 60419.C32	
City Washington	State DC	Zip Code 20006-2740	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		
B. Full Name (Last, First, Middle Initial) Verizon Communications Good Govt Club		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6	
Mailing Address 1300 I St NW Ste 400		Transaction ID: 60419.C44	
City Washington	State DC	Zip Code 20005-3314	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

153500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Kirsten Chadwick
Mailing Address 312 Cloverway Dr

City State Zip Code
Alexandria VA 22314-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C55

Amount of Each Receipt this Period

1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Donald Fierce
Mailing Address 600 New Hampshire Ave NW Ste 1000

City State Zip Code
Washington DC 20037-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C54

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Allison Shulman

Mailing Address 6407 15th St

City State Zip Code
Alexandria VA 22307-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60419.C53

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Asa Hutchinson for Governor

Mailing Address PO Box 3038

City

State

Zip Code

72203-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 60419.C17

Amount of Each Receipt this Period

1000.00

Refund of Contribution Made

Full Name (Last, First, Middle Initial)

B. Bob Beauprez for Congress

Mailing Address PO Box 501

City

State

Zip Code

Wheat Ridge

CO

80034-0501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60419.C45

Amount of Each Receipt this Period

5000.00

Refund of Contribution Made

Full Name (Last, First, Middle Initial)

C. Beauprez for Governor

Mailing Address 5555 DTC Pkwy Ste B3000

City

State

Zip Code

Greenwood Village

CO

80111-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60419.C46

Amount of Each Receipt this Period

500.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Williams & Jensen

Mailing Address 1155 21st St NW Ste 300
Suite 300

City Washington State DC Zip Code 20036-3312

Purpose of Disbursement
LEGAL FEES/PHONE/FAX/COURIER/COPIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

LEGAL FEES/PHONE/FAX/COURIER/COPIES

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E11

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.88

PAC SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.88

PAC SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional)

1080.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 72470244

City
Philadelphia

State
PA

Zip Code
19170-0001

Purpose of Disbursement
PAC SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

182.43

PAC SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 72470244

City
Philadelphia

State
PA

Zip Code
19170-0001

Purpose of Disbursement
PAC SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.99

PAC SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 77042

City
Madison

State
WI

Zip Code
53707-1042

Purpose of Disbursement
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

339.98

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

573.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E17 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1579.72</td> </tr> </table> CREDIT CARD CHARGES: SEE BELOW	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	6	/	2	0	0	6	1579.72
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	6	/	2	0	0	6														
1579.72																							
B. Cafe Deville Full Name (Last, First, Middle Initial) Mailing Address 319 W Miller St City Jefferson City State MO Zip Code 65101-1623 Purpose of Disbursement MO HOUSE DINNER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60420.E66 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>281.68</td> </tr> </table> [MEMO ITEM] MEMO: MO HOUSE DINNER	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	4	/	2	0	0	6	281.68
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	4	/	2	0	0	6														
281.68																							
C. Buca Full Name (Last, First, Middle Initial) Mailing Address 1825 Connecticut Ave NW City Washington State DC Zip Code 20009-5708 Purpose of Disbursement LEADERSHIP DINNER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60420.E72 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>755.03</td> </tr> </table> [MEMO ITEM] MEMO: LEADERSHIP DINNER	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	5	/	2	0	0	6	755.03
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	5	/	2	0	0	6														
755.03																							

SUBTOTAL of Disbursements This Page (optional)

1579.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E18 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1298.79</td> </tr> </table> CREDIT CARD CHARGES: SEE BELOW	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	6	/	2	0	0	6	1298.79
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	6	/	2	0	0	6														
1298.79																							
B. Staples Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code - Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60420.E75 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>210.37</td> </tr> </table> [MEMO ITEM] MEMO: OFFICE SUPPLIES	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	3	0	/	2	0	0	6	210.37
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	3	0	/	2	0	0	6														
210.37																							
C. US Airways Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code - Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60420.E77 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>995.60</td> </tr> </table> [MEMO ITEM] MEMO: TRAVEL EXPENSE	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	0	6	995.60
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	7	/	2	0	0	6														
995.60																							

SUBTOTAL of Disbursements This Page (optional)

1298.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. US Airways Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement AGENT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60420.E78 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO: AGENT FEE
B. GMD Technologies Full Name (Last, First, Middle Initial) Mailing Address 3210 S 28th St Apt 302 City Alexandria State VA Zip Code 22302-1326 Purpose of Disbursement PAC COMPUTER SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E19 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 516.02 PAC COMPUTER SUPPORT
C. GMD Technologies Full Name (Last, First, Middle Initial) Mailing Address 3210 S 28th St Apt 302 City Alexandria State VA Zip Code 22302-1326 Purpose of Disbursement PAC COMPUTER SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E38 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 2129.80 PAC COMPUTER SUPPORT

SUBTOTAL of Disbursements This Page (optional)

2645.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE Ste 5300

City Atlanta State GA Zip Code 30308-3265

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

PAC LEGAL SERVICES

Full Name (Last, First, Middle Initial)

B. Thompson Communications

Mailing Address PO Box 5
P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
FEBRUARY STAFFING/FUNDRAISING SERVI

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13510.06

FEBRUARY STAFFING/FUNDRAISING SERVI

Full Name (Last, First, Middle Initial)

C. JW Ellis Company

Mailing Address 6430 22nd St N

City Arlington State VA Zip Code 22205-1910

Purpose of Disbursement
POLITICAL CONSULTING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

POLITICAL CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

18510.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. UST Public Affairs

Mailing Address 655 15th St NW Ste 410

City Washington State DC Zip Code 20005-5709

Purpose of Disbursement
AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E56

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2006

Amount of Each Disbursement this Period

509.30

AIRFARE

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC PHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E8

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

177.88

PAC PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E12

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2006

Amount of Each Disbursement this Period

1826.23

PAC RENT

SUBTOTAL of Disbursements This Page (optional)

2513.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PHONE/FAX/COPIES/CABLE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60419.E13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

169.74

PHONE/FAX/COPIES/CABLE

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60419.E14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1826.00

PAC RENT

SUBTOTAL of Disbursements This Page (optional)

1995.74

TOTAL This Period (last page this line number only)

30197.70

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. CA-50 Congressional Victory Committee

Mailing Address PO Box 40385

City
Washington

State
DC

Zip Code
20016-0385

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Van Taylor for Congress

Mailing Address PO Box 485

City
Waco

State
TX

Zip Code
76703-0485

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. John T. Doolittle for Congress

Mailing Address 10531 Mereworth Ln

City
Oakton

State
VA

Zip Code
22124-1760

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Crenshaw for Congress

Mailing Address 4963 Beach Blvd

City
Jacksonville

State
FL

Zip Code
32207-4802

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Tom Delay Congressional Committee

Mailing Address 7002 Riverbrook Dr Ste 200

City
Sugar Land

State
TX

Zip Code
77479-6582

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Roulstone for Congress

Mailing Address PO Box 45

City
Snohomish

State
WA

Zip Code
98291-0045

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234-4551

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Turner for Congress

Mailing Address 131 N Ludlow St Ste 317

City
Dayton

State
OH

Zip Code
45402-1164

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Geoff for Congress

Mailing Address 3161 Dixie Hwy Ste F

City
Erlanger

State
KY

Zip Code
41018-1841

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Rodney Alexander for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 367 City Quitman State LA Zip Code 71268-0367 Purpose of Disbursement PAC CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E30 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION
B. Steve Chabot for Congress Full Name (Last, First, Middle Initial) Mailing Address 3339 Harrison Ave City Cincinnati State OH Zip Code 45211-5536 Purpose of Disbursement PAC CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E31 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION
C. Foltin for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 847 City Lorain State OH Zip Code 44052-0847 Purpose of Disbursement PAC CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60419.E32 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Foltin for Congress

Mailing Address PO Box 847

City
Lorain

State
OH

Zip Code
44052-0847

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Thelma Drake for Congress

Mailing Address 4772 Euclid Rd Ste F

City
Virginia Beach

State
VA

Zip Code
23462-3800

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E34

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Martha Rainville for Congress

Mailing Address 254 Twin Oaks Ter

City
South Burlington

State
VT

Zip Code
05403-5400

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Martha Rainville for Congress

Mailing Address 254 Twin Oaks Ter

City
South Burlington

State
VT

Zip Code
05403-5400

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Gard for Congress

Mailing Address 1915 S Webster Ave Ste D

City
Green Bay

State
WI

Zip Code
54301-5200

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Comm

Mailing Address 320 1st St SE

City
Washington

State
DC

Zip Code
20003-1838

Purpose of Disbursement
2006 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13000.00

2006 CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. IL-08 Congressional Victory Committee

Mailing Address PO Box 40177

City
Washington

State
DC

Zip Code
20016-0177

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E47

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Cubin for Congress

Mailing Address PO Box 4657

City
Casper

State
WY

Zip Code
82604-0657

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E48

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends of Mike Ferguson

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067-0225

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E49

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Weldon Victory Committee

Mailing Address PO Box 1992

City
Media

State
PA

Zip Code
19063-8992

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E50

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Weldon Victory Committee

Mailing Address PO Box 1992

City
Media

State
PA

Zip Code
19063-8992

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E57

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Billbray for Congress

Mailing Address 5703 Oberlin Dr Ste 101

City
San Diego

State
CA

Zip Code
92121-1743

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E51

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Bob Ney for Congress

Mailing Address PO Box 600

City
HebronState
OHZip Code
43025-0600Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	6

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Sweeney for Congress

Mailing Address PO Box 1465

City
Clifton ParkState
NYZip Code
12065-0806Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E53

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	6

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. David McSweeney for Congress

Mailing Address 8 Hubbell Ct

City
BarringtonState
ILZip Code
60010-5137Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60419.E54

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	6

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

138000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. The Ann Eppard Memorial Fund

Mailing Address PO Box 600

City
Loretto

State
PA

Zip Code
15940-0600

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60419.E20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	6

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00